

CHAPTER 7. ACCIDENT REPORTING AND INVESTIGATION

700. GENERAL. This chapter outlines FAA requirements that are based on 29 CFR 1960.29 and 29 CFR 1960.66 through 70. Refer to these sections of the OSHA regulations if clarification is needed. Region/center OSH programs shall provide all reports as referenced in this chapter to ANS and AEE upon request.

701. MISHAP INVESTIGATION.

a. Mishaps include reportable occupational injuries and illnesses (see paragraph 702, Reporting of Occupational Injuries or Illnesses) as well as other accidents that result in no injury or are limited to property damage.

b. All mishaps shall be investigated when the hazard presents the potential for a future injury or significant property loss.

c. The purpose of mishap investigation is to reduce the potential for future repeats. All cause factors must be determined and fully explored.

d. The supervisor directly responsible for the operation, material, or persons(s) involved in the accident shall investigate and provide a written report of the results using Figure 7-1, FAA Form 3900-6, FAA Mishap Report. Guidance and consultation will be provided by the OSH professionals as designated by the region/center OSH program.

e. Form 3900-6 (or succeeding form) shall be forwarded to the OSH professional as designated by the region/center OSH program.

702. REPORTING OF OCCUPATIONAL INJURIES OR ILLNESSES.

a. Process.

(1) Employees shall notify supervisors of mishaps as soon as possible.

(2) Supervisors shall complete reports as indicated in paragraph 702b.

(3) Supervisors shall determine the mishap classification; e.g., injury, illness, or property damage.

(4) Supervisors shall require an entry be made on the OSHA Log 200 (or successor) when the mishap involves:

(a) Death

(b) An injury resulting in 1 or more days of lost time

(c) Loss of consciousness

(d) Bodily restriction or loss of motion

(e) Transfer to another job or light duty

(f) Medical treatment beyond first aid, or

(g) An occupational illness

(5) OSH professionals shall ensure that FAA Form 3900-6 reports are sufficiently complete to facilitate hazard identification and trend analysis.

b. Reports.

(1) After employee notification, supervisors shall contact the OSH professional as designated by the region/center OSH program so the OSHA reporting requirements can be met. Supervisors shall complete FAA Form 3900-6 for all occupational injuries and illnesses and either CA-1 (for injuries) or CA-2 (for illnesses).

(2) Form 3900-6 shall be forwarded to the OSH professional as designated by the region/center OSH program.

(3) Forms CA-1 and CA-2 shall be forwarded to the FAA Workers' Compensation Specialist if the injury or illness results in lost time or medical expenses (actual or anticipated).

c. Timelines.

(1) Mishap and Workers' Compensation forms shall be forwarded when all information has been obtained, but in no case later than 30 days after the date of notification.

(2) Supervisors shall notify the OSHA area office of any death or the in-patient hospitalization of three or more employees involved in one incident within 8 hours after the incident. In addition, supervisors shall also notify the OSH professional as designated by the region/center OSH program as soon as possible, and the OSH professional shall make a report to ANS and AEE within 24 hours. AEE will formally report to OSHA.

703. RECORDKEEPING. Facility managers shall maintain the OSHA Log 200 (or successor) for a period of 5 years.

704. FATAL AND CATASTROPHIC ACCIDENTS.

a. Supervisors shall complete a CA-6 form for all deaths and forward through the appropriate AHR office to OWCP.

b. The AXX-400, AMP-1, or ACT-1 shall appoint an investigation team when an on-duty death or the hospitalization of three or more employees occurs as the result of a single accident.

(1) The team will prepare a written report and forward it through the OSH professional as designated by the region/center OSH program to ANS and AEE within 15 days after completing the investigation.

(2) Procedures to be used by the investigation team will be developed by the region/center OSH program, depending on the type of accident.

c. Investigation reports shall include appropriate documentation, photographs, employee interviews, witness reports, measurements, and other pertinent information. A checklist of items to be covered in the narrative report is shown as Figure 7-2, Checklist of Information to be Included in the Accident Investigation Report.

d. Report copies will be provided to the facility supervisor or manager, the appropriate OSH committee, AXX-400, regional administrator, center director, and national headquarters. Appropriate distribution will be made in accordance with the region/center OSH program. If requested, the report shall be available to the Secretary of Labor or his/her representative.

705-799. RESERVED.

Figure 7-1. FAA Form 3900-6, FAA Mishap Report

<u>FAA Mishap Report</u>	
Incident Description:	
OSHA Recordable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Incident Date:	_____ MM/DD/YY
<u>Incident Information</u>	
<u>Who</u>	
Employee:	_____
Social Security #	_____
Office Symbol	_____
Facility Type:	_____
Job Title:	_____
<u>What</u>	
Incident Type:	Illness <input type="checkbox"/> Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Motor Vehicle <input type="checkbox"/>
General Task:	_____
Specific Activity:	_____
<u>Where</u>	
General Location:	_____
Specific Location:	_____
On Premises:	<input type="checkbox"/>
<u>Injury/Illness Information</u>	
Description of Injury/ Illness:	_____
Injury Type:	_____
Body Part:	_____
Injury Source:	_____
Event:	_____
Illness Type:	_____
Physician (optional):	_____
Hospital (optional):	_____
Medical Treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Days Lost:	_____ End Date: _____ MM/DD/YY
Restricted Days:	_____ End Date: _____ MM/DD/YY
Fatality:	<input type="checkbox"/> Date of Death: _____ MM/DD/YY
<u>Claims Information</u>	
Claim Number:	_____
Attorney:	_____
City/State/Zip:	_____
Insurance Company	_____
City/State/Zip:	_____
Name of Witness:	_____
Claim Type:	Medical <input type="checkbox"/> Indemnity <input type="checkbox"/> Litigated <input type="checkbox"/> Rehab <input type="checkbox"/> Possible Fraud <input type="checkbox"/>
FAA FORM 3900-6 (9/98)	

Figure 7-1. FAA Form 3900-6, FAA Mishap Report, contd.

<u>FAA Mishap Report</u>	
<u>Claims Information (continued)</u>	
FAA Property Damage:	_____
Non-FAA Property Damage:	_____
<u>Additional Information</u>	
Years of FAA Employment:	_____ Years
Years of Skill in Occupation:	_____ Years
Employee Category:	_____
Performing Usual Job?	<input type="checkbox"/>
Usual Occupation:	<input type="checkbox"/>
Working Alone?	<input type="checkbox"/>
Crew Size:	_____
Time of Incident:	_____
Shift:	_____
Supervisor's Name:	_____
Supervision Provided?	_____
Secondary Source of Injury:	_____
Hazard Source:	_____
Property Damage:	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Vehicle Damage:	Yes <input type="checkbox"/> No <input type="checkbox"/> Vehicle Damage Cost _____
Vehicle Make _____	Vehicle Model _____ Tag ID _____ State _____
Incident Type:	First Aid <input type="checkbox"/> Near Miss <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/>
<u>Additional Incident Description</u>	

<u>Additional Injury Illness Description</u>	

<u>Additional Claim Description</u>	

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**Figure 7-2. CHECKLIST OF INFORMATION TO BE INCLUDED IN THE ACCIDENT
INVESTIGATION REPORT**

When preparing the narrative investigation report of the accident/incident, the following should be considered for inclusion:

- _____ Region, Organizational Routing Symbol
- _____ Unit Name
- _____ Location of Accident/Incident
- _____ Date and Time of Accident/Incident
- _____ Name of Individual(s) Involved in Accident/Incident
- _____ SSN, Age, Sex
- _____ Grade and Job Title
- _____ Task assigned during incident (if applicable)
- _____ Total experience in the field
- _____ Experience in this area
- _____ Nature of Injury/Illness
- _____ Part of body affected
- _____ Severity
- _____ Narrative of events, including cause. Also include or consider:
 - _____ Facility Type
 - _____ Equipment Involved
 - _____ Contaminants (if applicable)
 - _____ Weather (if applicable)
 - _____ Phase of Operation
 - _____ Seat belt used? (If applicable)
 - _____ Was personal protective equipment used? (if applicable)
 - _____ Was fatigue a factor?
 - _____ Were drugs or alcohol involved?
 - _____ Any other human behavior factors involved?
 - _____ Number of personnel exposed (if applicable)
 - _____ Did injured party attend safety training? If so, when?
 - _____ Name of individual operating equipment/vehicle other than injured party
 - _____ Operator's total experience
 - _____ Operator's total experience with type of equipment/vehicle
 - _____ Actual Days Off
 - _____ Actual Days Restricted
 - _____ Were Forms CA-1, CA-2, and CA-6 completed and processed?
 - _____ Personnel costs
 - _____ Government property involved (ID/serial number) and estimated damages
 - _____ Additional property involved (ID/serial number) and estimated damages
 - _____ Liability Claimed
 - _____ Operational days lost
 - _____ Corrective Action Taken or Planned
 - _____ Name and Title of individual preparing the report
 - _____ Report Date

